

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 01/01/2013 **and ending** 06/30/2013

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Informed Consumers of Florida Inc **Employer identification number** 45 - 4987416

2 Mailing address (P.O. box or number, street, and room or suite number)
215 S Monroe St Ste 835

City or town, state, and ZIP code
Tallahassee, FL 32301

3 E-mail address of organization: no@email **4 Date organization was formed:** 04/06/2012

5a Name of custodian of records Kimbel Orr **5b Custodian's address**
215 S Monroe St Ste 835
Tallahassee, FL 32301

6a Name of contact person Kimbel Orr **6b Contact person's address**
215 S Monroe St Ste 835
Tallahassee, FL 32301

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
215 S Monroe St Ste 835

City or town, state, and ZIP code
Tallahassee, FL 32301

8 Type of report (check only one box)

- | | |
|--|---|
| <input type="checkbox"/> First quarterly report
(due by April 15) | <input type="checkbox"/> Monthly report for the month of:
(due by the 20th day following the month shown above, except the
December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report
(due by July 15) | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) |
| <input type="checkbox"/> Third quarterly report
(due by October 15) | (1) Type of election: |
| <input type="checkbox"/> Year-end report
(due by January 31) | (2) Date of election: |
| <input checked="" type="checkbox"/> Mid-year report (Non-election
year only-due by July 31) | (3) For the state of: |
| | <input type="checkbox"/> Post-general election report (due by the 30th day after general election) |
| | (1) Date of election: |
| | (2) For the state of: |

9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 0

10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 0

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Kimbel Orr

07/12/2013

**Sign
Here**



Signature of authorized official



Date

Schedule B	Itemized Expenditures	Schedule B
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